

Washington State Certified Professional Guardian Board

Application for Individual Certification

Revised (08/04) – **PRIOR EDITIONS CANNOT BE USED**

Current website: <http://www.courts.wa.gov>

To the Washington State Certified Professional Guardian Board:

I hereby apply for certification as a professional guardian according to GENERAL RULE 23.
PLEASE PRINT.

Full Name:

Last

First

Middle

Business Information

Business Name: _____

Business Address*: _____

Mailing Address

City

State

Zip

Business
Telephone: _____

Fax Number: _____

Business Email Address: _____

***The Administrative Office of the Courts (AOC) must be notified within
45 days of any address change.**

Geographic Availability: Using the list below, circle each county in which you would like to practice.

1 Adams	11 Franklin	21 Lewis	31 Snohomish
2 Asotin	12 Garfield	22 Lincoln	32 Spokane
3 Benton	13 Grant	23 Mason	33 Stevens
4 Chelan	14 Grays Harbor	24 Okanogan	34 Thurston
5 Clallam	15 Island	25 Pacific	35 Wahkiakum
6 Clark	16 Jefferson	26 Pend Oreille	36 Walla Walla
7 Columbia	17 King	27 Pierce	37 Whatcom
8 Cowlitz	18 Kitsap	28 San Juan	38 Whitman
9 Douglas	19 Kittitas	29 Skagit	39 Yakima
10 Ferry	20 Klickitat	30 Skamania	

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Personal Information*

Full Name: _____
Last First Middle

Date of Birth: _____ Social Security Number: _____
MM/DD/YYYY

Driver's License Number: _____ State: _____

If you have used another name on any records of any high schools, colleges, universities, places of employment, or other; list the name(s) and where they were used.

Name	Where Used

Home Information*

Home Address:** _____
Mailing Address _____

City State Zip

Home Telephone: _____ Fax Number: _____

Home Email Address: _____

List personal residential addresses for the past five years (attach additional sheet, if necessary).

Address	Dates

Guardian Training

Have you completed the mandatory guardian certification training?

Yes ☐ No ☐

If the answer is yes, please list the city and date of training:

City _____ Date _____

* All information presented on this page will be kept confidential and will only be disclosed upon an order of a court of competent jurisdiction.

** The Administrative Office of the Courts (AOC) must be notified within 45 days of any address change.

Education Information

Education:

High School Attended	Location	Date of Graduation or GED
College or University Attended	Location	Degree Received/Date
Post Graduate College or University Attended	Location	Degree Received/Date
Major Field of Study		

Required Experience

Please include all employment for the last 10 years. When listing duties, focus on work performed that contributes to the experience requirements for certification as a professional guardian. If this experience was not gained through employment, provide information about where and what experience was gained. List all information chronologically, most recent first.

Organization Name	Job Title
Address and Telephone	Dates of Employment (MM/YY-MM/YY)

Please list duties that demonstrate your work experience as they relate to the functions and duties of a professional guardian as stated in GR 23.

Organization Name	Job Title
Address and Telephone	Dates of Employment (MM/YY-MM/YY)

Please list duties that demonstrate your work experience as they relate to the functions and duties of a professional guardian as stated in GR 23.

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Organization Name	Job Title
Address and Telephone	Dates of Employment (MM/YY-MM/YY)

Please list duties that demonstrate your work experience as they relate to the functions and duties of a professional guardian as stated in GR 23.

Professional Licenses or State Certification

1. Do you hold any current professional licenses or state certification?

Yes ☐ No ☐

If yes, please list in the tables below.

Type	License Number	State Issued	Date Issued***

Type	State Certification Number	State Issued	Date Issued***

2. Have you held any professional licenses that are not current or received state certification that has expired?

Yes ☐ No ☐

If yes, please list in the table below.

Type	License Number	State Issued	Date Issued***	Reason Not Current

Type	State Certification Number	State Issued	Date Issued***	Reason Not Current

*** If issued out-of-state, provide licensing authority's address and telephone number.

3. Have you ever been certified, licensed, or appointed as a professional guardian in Washington or any other state or country? If yes, please list those states and/or countries or both and the dates of certification/licensing/appointment.

Yes ☐ No ☐

If yes, please list in the table below.

State	Country	Date Issued***	Current	Reason Not Current

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Criminal/Guardian History*

1. Have you ever been convicted or plead guilty or no contest to a felony or misdemeanor?

Yes ☐ No ☐

If yes, please list all offenses along with the name of the court, the cause number of each action, and the case disposition.

If yes, please submit a letter listing all offenses along with the name of the court, the cause number of each action, and the disposition of the case.

Confidential Criminal Information*

Is there a criminal complaint, accusation, information, or unsatisfied judgment or lien presently pending against you, or are you under indictment in this state or any other state?

Yes ☐ No ☐

If yes, please submit a letter indicating all offenses pending along with the court and cause of all matters.

2. Have you ever been found civilly or criminally liable for an action of fraud, misrepresentation, material omission, misappropriation, theft, or conversion?

Yes ☐ No ☐

If yes, please submit a letter of explanation, including the court and case number and judgment, if any.

3. Have you ever been relieved of responsibilities as a guardian or conservator by a court, employer, or client for substantiated fraud, moral turpitude, misrepresentation, material omission, misappropriation, theft, or conversion?

Yes ☐ No ☐

If yes, please submit a letter explaining the circumstances, including the name of the court and cause number of each matter.

4. Has anyone ever made a successful claim against a bond where you were the principal?

Yes ☐ No ☐

If yes, please submit a letter explaining the circumstances.

5. Have you ever been disciplined by an administrative or licensing board or had an adverse civil adjudication of the types specified in RCW 43.43.830 and 43.43.842? These RCWs may be found on the AOC website at:

<http://www.leg.wa.gov/RCW/index.cfm?section=43.43.830&fuseaction=section> and <http://www.leg.wa.gov/RCW/index.cfm?section=43.43.842&fuseaction=section>

Yes ☐ No ☐

If the answer is yes, please furnish details including, the state where the license, registration or certification was issued, the type of license, registration, or certification held, the date held, and the name and address of the regulatory authority, including the name of any court and cause number if there was a hearing or appeal.

6. Has your driver's license been suspended or revoked in the last five years or are there proceedings pending against you to suspend or revoke your driver's license?

Yes ☐ No ☐

If you answered yes, please furnish details including, but not limited to name and address of the licensing authority on an attached sheet, including the court and cause.

7. Have you been involved as a debtor in proceedings filed under any provision of the Bankruptcy Code during the past seven (7) years?

Yes ☐ No ☐

If you answered yes, please furnish details on an attached sheet and provide appropriate documentation. Include schedules showing the debts discharged, any creditor objection, and the order of discharge.

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8. Have you ever been cited, arrested, or convicted for a violation of any law, excluding traffic infractions?

Yes ☐ No ☐

If yes, complete the following information.

Complete one line for each citation, arrest, charge or conviction, whether stemming from the same facts or not. Continue on an additional sheet if necessary, and attach relevant documentation. On the chart, M=Misdemeanor, F=Felony, and O=Other.

#	M	F	O	Date	Place	Court	Basic Allegation of Charges	Disposition
Example	X			9/30/88	Seattle, WA	Municipal	DUI	Dismissed
1								
2								
3								
4								

9. On matters other than traffic infractions, you must set forth on an attached sheet the full circumstances surrounding the incident including the date and place, a description of your conduct, the nature of the citation, arrest, charge or conviction, the enforcement agency involved, any courts involved, file number, and the disposition including dismissal, acquittal, sentences, fines, probation, etc. It is your responsibility to provide full details, explanation and relevant documentation to the best of your ability to do so.

10. Have you ever been appointed as a guardian in Washington State?

Yes ☐ No ☐

If yes, in what county(ies) _____

If yes, in approximately how many cases? _____

* All information presented on pages 6, 7, and 8 will be kept confidential and will only be disclosed upon an order of a court of competent jurisdiction.

Attorney Applicants

1. Have you even been disbarred, suspended, reprimanded, censured, or otherwise disciplined for professional misconduct by **any** certifying or licensing agency?

Yes ☐ No ☐

If yes, give full details on an attached sheet, with appropriate documentation.

2. Have any complaints, other than those listed above, ever been made against you to the authority responsible for discipline in the certifying or licensing agency?

Yes ☐ No ☐

If yes, give full details on an attached sheet. Include a copy of the complaint(s) and other relevant documentation.

3. Name all jurisdictions and courts in which you are admitted to practice law. Include the dates of admission and your current standing. (Continue on an additional sheet if necessary.)

Jurisdiction	Date of Admission	Current Standing

4. The Washington State Bar Association's Office of Disciplinary Counsel requires a \$30 fee for processing requests for disciplinary information. Please make the check payable to the Washington State Bar Association and mail it with this application to AOC.

DECLARATION OF INDIVIDUAL APPLICANT

READ CAREFULLY BEFORE SIGNING

I UNDERSTAND THAT:

- * I must report immediately to the Administrative Office of the Courts (AOC), in writing, any changes in information given AOC in this application. Late, inaccurate, or non-reporting may cause incorrect decisions and delay or preclude my certification. Information given at a later date is subject to the same verification of correctness as is the initial application.
- * Information given on my application is subject to verification by AOC or other state or federal agencies.
- * By applying to be certified I agree to accept personal service by registered or certified mail at the address I have provided.

DECLARATION AND SIGNATURE

I have read and understood the information in this application. I declare, under penalty of perjury, under the laws of the state of Washington, the information I have given in this application or in any later supplementation is true, correct, and complete to the best of my knowledge.

At: _____ Date: _____

Signature of Applicant: _____

AUTHORIZATION AND RELEASE

I, _____, having filed an application for
(Name)

certification as a professional guardian in the State of Washington, hereby consent to have an investigation made as to my fitness for professional guardian certification and such information as may be reported to the certifying authority. I agree to give any further information that may be required in reference to my past record. I understand that I will not receive a copy of the investigative report unless I have been denied certification as a professional guardian, and request in writing a copy of said report within 30 days of being advised of my denial. I further understand that the contents of any investigation are privileged except as otherwise regulated by law.

I also authorize and request every person, firm, company, corporation, government agency, court, association or institution, having control of any documents, records and other information pertaining to me, to furnish to the Certified Professional Guardian Board by and through the Administrative Office of the Courts any such information, including documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Certified Professional Guardian Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge, and exonerate the Certified Professional Guardian Board, its agents and representatives, the Administrative Office of the Courts, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the Certified Professional Guardian Board or by the certifying agency.

I certify that the information provided in this application is true and correct to the best of my knowledge and belief, and I understand and agree that I have a continuing obligation to advise the Certified Professional Guardian Board if there is a change in circumstance.

State of _____ County of _____

Signature of Applicant

Subscribed and sworn to before me on this _____ day of _____, 20

Notary Public

In and for the state of _____ Residing at _____

A photocopy of this Authorization and Release shall serve as an original. This Authorization and Release shall expire one year after the date of signature.

CHECKLIST

- Completed application ☐
- Completed, signed, and notarized *Authorization and Release* ☐
- Completed and signed *Declaration of Individual Applicant* ☐
- Completed and signed Fingerprint Card* ☐
*Fingerprint card must be completed by a local police department. Please be sure that black printer's ink is used to ensure clear impressions.
- Payment in the amount of \$75 ☐
(Check made payable to the Administrative Office of the Courts)
- For attorneys licensed to practice in law Washington State:
Payment in the amount of \$30 ☐
(Check made payable to the Washington State Bar Association and mailed to AOC)

Please mail your completed application and check(s) to:

Guardian Certification Program
Administrative Office of the Courts
PO Box 41170
Olympia, WA 98504-1170